CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	Ms/MRS/MR FIRST Ms. Donna	MI 🗸	OFFICE USE ONLY
[6	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	STATE; ZIP CODE	Abilene City Secretary OCT 2 6 2020 Filed for Record
OFFICEHOLDER PHONE	(325) 660-8337	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Myrick NICKNAME LAST	MI R SUFFIX	Pace Processed Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	3601 Edgen cod	Abilene X	79605
8 CAMPAIGN TREASURER PHONE	(325) 269-9300	EXTENSION	
9 REPORT TYPE	January 15 30th day before election		t5th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 9 / 25 / 2020	THROUGH 60 / 2	Day Year 2020
II ELECTION	Month Day Year Primary 10 3 2020 General	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	Absleve City Cource Place 3	13 OFFICE SOUGHT (# known) Abolence C	ity Canal
	Place 3	Pla	ce 3
	GO TO P		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			
	Donna A	Ibus Campaign	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)		NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE VONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURS.	
1	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL.		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$
	2. TOTAL F	OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POUNTESS	DLITICAL EXPENDITURES OF \$100 OR LESS,	\$
	4. TOTAL P	OLITICAL EXPENDITURES	\$ 4083.00
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D RTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PR	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD	
18 AFFIDAVIT			
Notary P. Comm. Notar	A LEIGH ATKINSON ublic, State of Texas Expires 09-20-2021 y ID 131287597	I swear, or affirm, under penalty of per true and correct and includes all informunder Title 15. Election Code. Signature of Candid	Alleus
AFFIX NOTARY STAMP	SEALABOVE	6.	
Sworn to and subscrib	ed before me, by	the said Johna Abu	, this the
day of actuber	_, 20, to (certify which, witness my hand and seal of office.	, uns ure
WAT.	1	Snawna Atkinson	Nictra Debia
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer adplinistering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	
	Donne Albus Campaign	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4063
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbutsement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraleing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

1 Total pages Schedule Ft: 2 FILER NAME 1 Date 1 Date 1 Date 2 Payse plane 2 Payse plane 3 Filer ID (Etitics Commission File 3 Filer ID (Etitics Commission File 4 Date 1 Date 1 Date 2 Payse plane 3 Filer ID (Etitics Commission File 4 Date 3 Filer ID (Etitics Commission File 4 Date 4 Date 4 Date 5 Payse plane 4 Date 5 Payse plane 4 Date 6 Payse plane 6 (a) Certisgory (See Chiapories listed et the top of this schedule) 6 Date 6 Commission File 7 Payse address; 6 Commission File 8 Date 1 Date 6 Commission File 8 Date 1 Date	1 Total pages Cabada	The Instruction Guide explains how t	Other (enter a category not listed above) to complete this form.
A Amount (s) 7 Peyee address; City; State; Zip Code	4 Date	I I Z FILER NAME	
PURPOSE OF EXPENDITURE (c) Check if same justice of Texas. Complete Schoolder T. Check if Austin, TX, officeholder Twing expense (c) Check if same justice of Texas. Complete Schoolder T. Check if Austin, TX, officeholder Twing expense Office sought Office sought Office held Office held Destriction Office held Destriction Office held Office hel	8 Amount (\$)	4510 South 14th	Zip Code
Posper appellation to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held	PURPOSE OF	Advertisement Expense	(b) Description
Playee name Amount (\$) Payee address; City: State; Zip Code Abileve TX 79602 Category (See Categories fisted at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Office holder name Candidate / Office fisted at the top of this schedule) Payee name Candidate / Office fisted at the top of this schedule Candidate / Office fisted at the top of this schedule Candidate / Office fisted at the top of this schedule Candidate / Office fisted at the top of this schedule Candidate / Office fisted at the top of this schedule Candidate / Office fisted at the top of this schedule Category (See Categories fisted at the top of this schedule) Category (See Categories	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate (Office)	Office sought
Payse address; Payse address; City; State; Zip Code Abuleve TX 79602 Abuleve TX 79602 Category (See Categories fisted at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Resea. Complete Schedule T. Candidate / Office hold Category (See Categories fisted at the top of this schedule) Candidate / Office hold Category (See Categories fisted at the top of this schedule) Payse name Category (See Categories fisted at the top of this schedule) Payse address; City: State; Zip Code Category (See Categories fisted at the top of this schedule) Purpose OF Category (See Categories fisted at the top of this schedule) Category (See Categories fi	9/9/2020	Payee name KTX5	
PURPOSE OF EXPENDITURE Complete Control Spot Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Candidate / Office holder in the schedule of this schedu	Anount (\$)	4420 North Clack	Al- da
Candidate / Officeholder name Office sought Office held	OF	Advertisement	Description Commercial
Payee name WRBC Mount (\$) Payee address; City: State: Zip Code 892.50 4510 South 14th Category (See Categories listed at the top of this schedule) PURPOSE OF Check if travel outside of Tiscas. Complete Schedule T. Candidate / Officeholder name Candidate / Officeholder name City: State: Zip Code Abuse To Tyloof Description Commercial Check if Austin, TX, officeholder living expense	complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office several
B92.50 4510 South 14th Ab lave Tx 79605 Category (See Categories listed at the top of this schedule) PURPOSE OF Check if fravel outside of Tiexas. Complete Schedule T. Check if fravel outside of Tiexas. Complete Schedule T. Candidate / Officeholder name Candidate / Officeholder name	19/2020	KRBC	
PURPOSE OF CAMBERT CAMBER CONTINUE PURPOSE OF CAMBER CAMBER COMMERCIAL Check if travel outside of Tissues. Complete Schedule T. Candidate / Officeholder name Office security Candidate / Officeholder name		4510 South 14th	A Lip Code
inplete ONLY if direct Candidate / Officeholder name Office sought	OF	Advertisement Expense	Description
	nplete <u>ONLY</u> if direct enditure to benefit C/OH		Office county

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Raimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Crock Card Payment	The Instruction Co.	rs/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule	The Instruction Guide explains how t	o complete this form.
4 Date 10/9/200	Donna Albus Campa 5 Payee name 5 Suddenlink	292
6 Amount (\$)	/ Payes address;	City; State: 7's Code
\$505.75	902 South Clack	Ablenc TX 79605
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertisement	Commercial
	(c) Check if travel outside of Texas. Complete Schedule T.	Spot
 Complete <u>ONLY</u> if direct expenditure to benefit C/C 	Candidate (Om. + ++	Check if Austin, TX, officeholder living expense
Date		Office held
lo/	Payee name	
/19/2020 Amount (\$)	PWK Goose Media	
1	Payee address;	City; State; Zip Code
082.50	2602 Barrow St	Abilene TX 79605
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Advertising	Floring of
_	Check if travel outside of Texas. Complete Schedule T.	Commercial
complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
		Office sought Office held
ate	Рауве пате	
mount (\$)	Payee address;	City; State: 71-0-1
		City; State; Zip Code
PURPOSE OF XPENDITURE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	
		Check If Austin, TX, officeholder tiving expense Office sought Office held